

## ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS *NEBRASKA* 1999 TABLES

Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

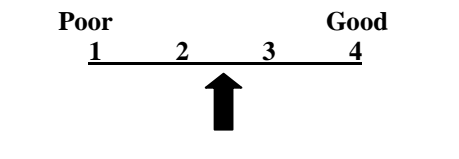
## Nebraska Data Comments

**Diagnosis Codes:** Diagnosis codes were missing on 24 percent of outpatient crossover claims that should included diagnoses; this could lead to an under-identification of mental illness among aged and disabled beneficiaries. However, Nebraska’s rate of identification of these groups was relatively high, so missing diagnoses may not have been important.

**Unknown Demographics:** In Nebraska, birthdate and sex were missing for about 3 percent of beneficiaries, most likely because unborn children qualified for Medicaid. Eligibility group was missing for over 1 percent of beneficiaries. While these omissions are unlikely to affect most of the data in these tables, each type of missing information affects sections of tables when age, sex, or eligibility group is reported.

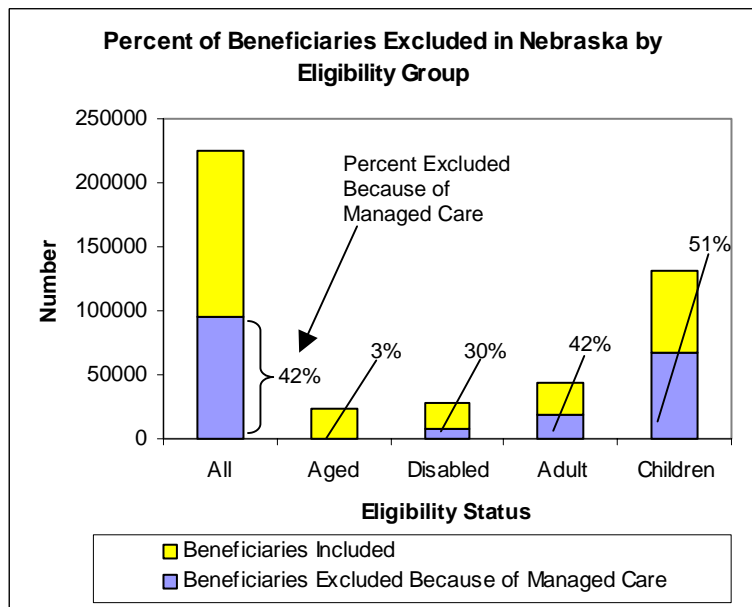
**Inpatient Days:** Nebraska’s inpatient crossover claims rarely included covered days. This causes inpatient hospital stays for groups of Medicaid beneficiaries that include a high proportion of dual eligibles (most aged and many disabled beneficiaries) to average “1” day in length, and explains the other low numbers that appear for some groups on Table 4.

## NEBRASKA DATA QUALITY AND COMPLETENESS



\*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

## IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Nebraska's managed care exclusions are shown in the graph on the left.

**TABLE 1**  
**MEDICAID BENEFICIARIES AND EXPENDITURES**  
**TOTAL AND FEE-FOR-SERVICE (FFS)**  
**NEBRASKA, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
<b>All</b>	227,395	100%	132,285	58%	\$852,784,130	100%	\$533,218,233	63%
<b>Age</b>								
0-3	35,249	16%	18,273	52%	\$67,715,658	8%	\$11,197,129	17%
4-5	15,638	7%	6,890	44%	\$12,861,916	2%	\$2,361,504	18%
6-12	46,471	20%	20,322	44%	\$56,514,974	7%	\$8,087,370	14%
13-18	29,372	13%	14,290	49%	\$58,851,686	7%	\$14,297,986	24%
19-21	11,087	5%	6,780	61%	\$24,375,588	3%	\$7,754,477	32%
22-44	44,167	19%	25,583	58%	\$198,550,819	23%	\$112,089,824	56%
45-64	14,576	6%	10,361	71%	\$144,678,286	17%	\$101,601,792	70%
65 and older	23,481	10%	22,788	97%	\$280,697,441	33%	\$273,980,193	98%
<b>Gender</b>								
Female	130,404	57%	76,164	58%	\$524,191,766	61%	\$332,733,512	63%
Male	93,953	41%	53,537	57%	\$324,905,754	38%	\$199,095,757	61%
<b>Race</b>								
White	159,590	70%	96,590	61%	\$699,516,223	82%	\$479,308,027	69%
Black	30,056	13%	14,383	48%	\$76,408,723	9%	\$28,656,149	38%
Hispanic	24,255	11%	13,828	57%	\$41,214,847	5%	\$11,349,088	28%
American Indian/Alaskan Native	8,373	4%	4,705	56%	\$20,189,392	2%	\$6,921,947	34%
Asian/Pacific Islander	2,778	1%	1,355	49%	\$5,851,837	1%	\$1,307,345	22%
Other/Unknown	2,343	1%	1,424	61%	\$9,603,108	1%	\$5,675,677	59%
<b>Dual Status</b>								
Aged Duals with Full Medicaid	20,895	9%	20,829	100%	\$264,293,733	31%	\$263,191,053	100%
Disabled Duals with Full Medicaid	12,360	5%	12,205	99%	\$148,563,931	17%	\$142,596,199	96%
Duals with Limited Medicaid	1,848	1%	1,848	100%	\$1,107,065	0%	\$1,086,292	98%
Other Duals	256	0%	232	91%	\$615,656	0%	\$343,222	56%
Disabled Non-Duals	14,781	7%	6,441	44%	\$164,497,272	19%	\$75,088,883	46%
All Other Non-Duals	177,255	78%	90,730	51%	\$273,706,473	32%	\$50,912,584	19%
<b>Eligibility Group</b>								
Aged	22,713	10%	22,065	97%	\$273,849,901	32%	\$267,869,613	98%
Disabled	28,220	12%	19,710	70%	\$319,310,083	37%	\$223,481,890	70%
Adults	43,558	19%	25,390	58%	\$80,423,509	9%	\$11,186,138	14%
Children	130,713	57%	63,483	49%	\$177,006,269	21%	\$29,378,772	17%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 2**  
**MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES**  
**COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES**  
**NEBRASKA, CALENDAR YEAR 1999**

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
<b>All</b>	132,285	16,019	12%	\$533,218,233	\$157,700,165	30%
<b>Age</b>						
0-3	18,273	162	1%	\$11,197,129	\$126,685	1%
4-5	6,890	327	5%	\$2,361,504	\$246,655	10%
6-12	20,322	2,153	11%	\$8,087,370	\$2,990,010	37%
13-18	14,290	2,458	17%	\$14,297,986	\$7,959,837	56%
19-21	6,780	613	9%	\$7,754,477	\$1,974,335	25%
22-44	25,583	5,005	20%	\$112,089,824	\$45,351,993	40%
45-64	10,361	2,407	23%	\$101,601,792	\$36,740,029	36%
65 and Older	22,788	2,848	13%	\$273,980,193	\$62,254,296	23%
<b>Gender</b>						
Female	76,164	9,281	12%	\$332,733,512	\$94,357,859	28%
Male	53,537	6,716	13%	\$199,095,757	\$63,223,651	32%
<b>Race</b>						
White	96,590	13,683	14%	\$479,308,027	\$143,694,111	30%
Black	14,383	1,170	8%	\$28,656,149	\$6,995,412	24%
Hispanic	13,828	553	4%	\$11,349,088	\$2,484,807	22%
American Indian/Alaskan Native	4,705	366	8%	\$6,921,947	\$2,141,957	31%
Asian/Pacific Islander	1,355	54	4%	\$1,307,345	\$240,713	18%
Other/Unknown	1,424	193	14%	\$5,675,677	\$2,143,165	38%
<b>Dual Status</b>						
Aged Duals with Full Medicaid	20,829	2,699	13%	\$263,191,053	\$57,610,167	22%
Disabled Duals with Full Medicaid	12,205	4,262	35%	\$142,596,199	\$57,499,066	40%
Duals with Limited Medicaid	1,848	57	3%	\$1,086,292	\$373,413	34%
Other Duals	232	23	10%	\$343,222	\$84,939	25%
Disabled Non-Duals	6,441	1,710	27%	\$75,088,883	\$25,519,505	34%
All Other Non-Duals	90,730	7,268	8%	\$50,912,584	\$16,613,075	33%
<b>Eligibility Group</b>						
Aged	22,065	2,744	12%	\$267,869,613	\$59,978,083	22%
Disabled	19,710	6,111	31%	\$223,481,890	\$85,131,425	38%
Adults	25,390	2,006	8%	\$11,186,138	\$2,089,739	19%
Children	63,483	5,104	8%	\$29,378,772	\$10,238,163	35%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3**  
**MEDICAID FFS MENTAL HEALTH POPULATION**  
**BY DIAGNOSTIC CATEGORY AND AGE GROUP**  
**NEBRASKA, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	2,084	13%	59	1%	1,638	22%	387	14%
Major depression and affective psychoses	2,975	19%	563	10%	1,968	27%	437	15%
Other psychoses	907	6%	28	0%	192	3%	686	24%
Childhood psychoses	110	1%	61	1%	48	1%	1	0%
Neurotic & other depressive disorders	3,299	21%	754	13%	1,909	26%	615	22%
Personality disorders	136	1%	14	0%	106	1%	16	1%
Other mental disorders	674	4%	35	1%	138	2%	501	18%
Special symptoms or syndromes	389	2%	141	2%	192	3%	56	2%
Stress & adjustment reactions	2,907	18%	1,775	31%	991	13%	129	5%
Conduct disorders	692	4%	491	9%	186	3%	14	0%
Emotional disturbances	474	3%	459	8%	13	0%	2	0%
Hyperkinetic syndrome	1,324	8%	1,289	23%	31	0%	1	0%
No Diagnosis	48	0%	44	1%	0	0%	3	0%
<b>Total</b>	<b>16,019</b>	<b>100%</b>	<b>5,713</b>	<b>100%</b>	<b>7,412</b>	<b>100%</b>	<b>2,848</b>	<b>100%</b>

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.**

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4**  
**PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER**  
**FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP**  
**NEBRASKA, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	1	1	1	1%	1	3	4%	4
	4-5	0	0	1	3	1	1%	3	2	2%	3
	6-12	5	65	19	7	21	3%	22	8	1%	4
	13-18	80	74	78	6	142	13%	45	24	2%	10
	19-21	5	56	33	10	38	9%	16	41	10%	3
	22-44	4	2	257	3	260	8%	3	270	9%	2
	45-64	0	0	138	3	138	9%	3	264	18%	2
	65+	11	90	55	1	65	3%	16	482	22%	0
	All Ages	105	71	583	4	667	7%	14	1,095	12%	2
Male	0-3	0	0	0	0	0	0%	0	10	11%	3
	4-5	0	0	3	5	3	1%	5	7	3%	3
	6-12	22	56	44	9	59	4%	27	12	1%	3
	13-18	159	77	78	9	219	16%	59	16	1%	4
	19-21	10	24	29	11	38	18%	15	7	3%	6
	22-44	4	2	242	2	245	13%	2	139	8%	3
	45-64	1	2	82	2	83	9%	2	169	18%	2
	65+	8	191	14	1	20	3%	77	188	28%	1
	All Ages	205	75	494	4	670	10%	26	549	8%	2
Total	0-3	0	0	2	1	2	1%	1	14	9%	3
	4-5	0	0	4	5	4	1%	5	9	3%	3
	6-12	27	58	63	8	80	4%	26	20	1%	4
	13-18	239	76	156	7	361	15%	54	40	2%	8
	19-21	15	34	62	11	76	12%	16	48	8%	4
	22-44	8	2	501	3	507	10%	3	409	8%	2
	45-64	1	2	220	2	221	9%	2	433	18%	2
	65+	19	133	69	1	85	3%	30	670	24%	1
	All Ages	310	74	1,080	4	1,340	8%	20	1,646	10%	2

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

**TABLE 5**  
**EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL**  
**HEALTH BENEFICIARIES, BY SEX AND AGE GROUP**  
**NEBRASKA, CALENDAR YEAR 1999**

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	12	18%	0.08	1.42	1.50	806	9%	1.30
	4-5	8	7%	0.00	1.38	1.38	181	6%	1.20
	6-12	87	11%	0.14	1.18	1.32	400	4%	1.22
	13-18	162	15%	0.35	1.44	1.78	429	7%	1.30
	19-21	123	30%	0.27	1.47	1.74	578	13%	1.33
	22-44	936	29%	0.31	2.45	2.75	1,588	11%	1.55
	45-64	578	40%	0.25	2.39	2.64	941	21%	1.79
	65+	585	27%	0.10	1.85	1.95	2,393	16%	1.70
	All Ages	2,493	27%	0.24	2.12	2.36	7,412	11%	1.54
Male	0-3	18	20%	0.06	1.22	1.28	962	11%	1.30
	4-5	32	15%	0.03	1.47	1.50	214	6%	1.29
	6-12	137	10%	0.16	1.12	1.28	431	5%	1.18
	13-18	146	11%	0.25	1.04	1.29	331	6%	1.31
	19-21	52	25%	0.40	1.46	1.87	185	11%	1.44
	22-44	600	33%	0.42	2.08	2.49	862	13%	1.77
	45-64	329	35%	0.26	2.30	2.56	715	20%	1.93
	65+	201	30%	0.07	1.65	1.72	856	16%	1.77
	All Ages	1,519	23%	0.29	1.84	2.12	4,660	10%	1.56
Total	0-3	33	20%	0.06	1.27	1.33	1,807	10%	1.30
	4-5	40	12%	0.03	1.45	1.48	395	6%	1.25
	6-12	224	10%	0.15	1.15	1.30	831	5%	1.20
	13-18	308	13%	0.30	1.25	1.55	761	6%	1.30
	19-21	175	29%	0.31	1.47	1.78	763	12%	1.36
	22-44	1,537	31%	0.35	2.30	2.65	2,450	12%	1.63
	45-64	907	38%	0.25	2.36	2.61	1,656	21%	1.85
	65+	786	28%	0.09	1.80	1.89	3,252	16%	1.72
	All Ages	4,020	25%	0.26	2.01	2.27	12,305	11%	1.54

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 6**  
**PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH**  
**AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP**  
**NEBRASKA, CALENDAR YEAR 1999**

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	888	5%	31	19%	857	5%
4-5	349	5%	112	34%	237	4%
6-12	2,182	11%	1,284	60%	898	5%
13-18	2,018	14%	1,238	50%	780	7%
19-21	867	13%	367	60%	500	8%
22-44	7,705	30%	3,962	79%	3,743	18%
45-64	5,000	48%	2,147	89%	2,853	36%
65+	11,038	48%	2,304	81%	8,734	44%
All Ages	30,223	23%	11,455	72%	18,768	16%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

**TABLE 7**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**NEBRASKA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	59	58%	80%	31%	14%	3%	68%	5%
Major depression and affective psychoses	563	61%	27%	14%	13%	10%	37%	17%
Other psychoses	28	14%	50%	14%	4%	4%	25%	18%
Childhood psychoses	61	48%	44%	21%	5%	13%	39%	16%
Neurotic & other depressive disorders	754	46%	11%	15%	3%	8%	22%	29%
Personality disorders	14	21%	7%	7%	0%	7%	7%	36%
Other mental disorders	35	23%	9%	11%	3%	3%	14%	46%
Special symptoms or syndromes	141	20%	5%	11%	1%	2%	7%	55%
Stress & adjustment reactions	1,775	21%	5%	6%	1%	11%	11%	47%
Conduct disorders	491	23%	16%	8%	3%	13%	17%	37%
Emotional disturbances	459	31%	12%	8%	3%	20%	20%	34%
Hyperkinetic syndrome	1,289	28%	12%	6%	2%	79%	30%	9%
No Diagnosis	44	16%	2%	9%	0%	0%	11%	41%
<b>Total</b>	<b>5,713</b>	<b>31%</b>	<b>13%</b>	<b>9%</b>	<b>3%</b>	<b>26%</b>	<b>22%</b>	<b>47%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).



**TABLE 8**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**NEBRASKA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	1,638	50%	89%	49%	12%	2%	70%	2%
Major depression and affective psychoses	1,968	77%	43%	57%	14%	4%	68%	6%
Other psychoses	192	51%	69%	43%	5%	2%	59%	13%
Childhood psychoses	48	35%	56%	31%	6%	0%	42%	8%
Neurotic & other depressive disorders	1,909	71%	20%	49%	3%	2%	47%	12%
Personality disorders	106	58%	30%	52%	5%	4%	54%	9%
Other mental disorders	138	46%	35%	41%	4%	3%	41%	27%
Special symptoms or syndromes	192	50%	13%	33%	0%	1%	30%	35%
Stress & adjustment reactions	991	51%	16%	36%	2%	2%	34%	30%
Conduct disorders	186	47%	42%	37%	7%	1%	41%	16%
Emotional disturbances	13	54%	31%	31%	0%	0%	31%	8%
Hyperkinetic syndrome	31	35%	10%	32%	0%	48%	35%	19%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>7,412</b>	<b>62%</b>	<b>43%</b>	<b>48%</b>	<b>8%</b>	<b>3%</b>	<b>55%</b>	<b>18%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 9**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**NEBRASKA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	387	44%	93%	49%	6%	2%	67%	4%
Major depression and affective psychoses	437	80%	49%	57%	9%	6%	71%	4%
Other psychoses	686	43%	41%	39%	1%	2%	43%	30%
Childhood psychoses	1	0%	0%	0%	0%	0%	0%	0%
Neurotic & other depressive disorders	615	74%	31%	63%	1%	4%	60%	7%
Personality disorders	16	38%	75%	50%	6%	0%	50%	13%
Other mental disorders	501	37%	33%	35%	0%	1%	32%	34%
Special symptoms or syndromes	56	50%	36%	54%	0%	0%	45%	25%
Stress & adjustment reactions	129	57%	26%	49%	0%	2%	45%	21%
Conduct disorders	14	50%	57%	50%	7%	0%	64%	7%
Emotional disturbances	2	50%	50%	50%	0%	0%	50%	0%
Hyperkinetic syndrome	1	100%	100%	100%	0%	100%	100%	0%
No Diagnosis	3	33%	67%	67%	0%	0%	67%	0%
<b>Total</b>	<b>2,848</b>	<b>55%</b>	<b>45%</b>	<b>48%</b>	<b>3%</b>	<b>3%</b>	<b>52%</b>	<b>19%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).